

OCT 05 2005



Vertex Pharmaceuticals Incorporated
130 Waverly Street • Cambridge, MA 02139-4242
Tel. 617.444.6100 • Fax 617.444.6483
<http://www.vpharm.com>

FAX TRANSMISSION

To	United States Patent and Trademark Office
Examiner	Kahsay Habte
Group Art Unit	1624
From	Karen E. Brown
Date	October 5, 2005
Application No.	10/700,936
Attorney Docket No.	VPI/02-123 US
Total Pages	35

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6168
immediately.

Rev. 3/8/05

OCT 05 2005

Attorney Docket No.: VPI02-123 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/700,936
Confirmation No.: 5983
Filing Date: November 4, 2003
Examiner: Kahsay Habre
Group Art Unit: 1624
Applicants: Randy S. Bethriel et al.
For: COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND OTHER
PROTEIN KINASES

Certificate of Facsimile Transmission Under 37 CFR 1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office on October 5, 2005.


Signature

Karen E. Brown
Typed or Printed Name

October 5, 2005
Cambridge, Massachusetts

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☐ a Petition for Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ _____; to be filed in the above-identified patent application.

Applicants:	Bethiel et al.
Application No.:	10/700,936

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	34 - 49 * =	X	\$ 50	= \$ 0
INDEPENDENT CLAIMS	1 - 3 ** =	X	\$200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$360	= \$
TOTAL				\$ 0

* If less than 20, insert 20.

** If less than 3, insert 3.

☐ A check in the amount of \$___ in payment of the filing fee is transmitted herewith.

☐ Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants:	Bethiel et al.
Application No.:	10/700,936

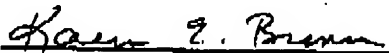
EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☐ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$_____ to Deposit Account No. 50-0725 in payment of the fee for _____ (37 C.F.R. § _____).
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § _____, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,


 Karen E. Brown, Reg. No. 43,866
 Attorney/Agent for Applicants
 c/o Vertex Pharmaceuticals Incorporated
 130 Waverly Street
 Cambridge, Massachusetts 02139
 Tel: (617) 444-6168
 Fax: (617) 444-6483

RECEIVED
CENTRAL FAX CENTER

005/035

OCT 05 2005

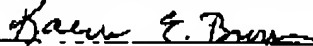
Attorney Docket No.: VPI/02-123 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/700,936
Confirmation No.: 5983
Filing Date: November 4, 2003
Examiner: Kahsay Habte
Group Art Unit: 1624
Applicants: Randy S. Bethiel et al.
For: COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND OTHER
PROTEIN KINASES

Certificate of Facsimile Transmission Under 37 CFR 1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office on October 5, 2005.



Signature

Karen E. Brown

Typed or Printed Name

October 5, 2005
Cambridge, Massachusetts

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☐ a Petition for Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ _____; to be filed in the above-identified patent application.

Applicants:	Bethiel et al.
Application No.:	10/700,936

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	34 - 49	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	1 - 3	** =	X \$ 200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$ 360	= \$
* If less than 20, insert 20.		TOTAL		\$ 0
** If less than 3, insert 3.				

☐ A check in the amount of \$___ in payment of the filing fee is transmitted herewith.

☐ Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants:	Bethiel et al.
Application No.:	10/700,936

EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☐ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$_____ to Deposit Account No. 50-0725 in payment of the fee for _____ (37 C.F.R. § _____).
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § _____ in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

Karen E. Brown
 Karen E. Brown, Reg. No. 43,866
 Attorney/Agent for Applicants
 c/o Vertex Pharmaceuticals Incorporated
 130 Waverly Street
 Cambridge, Massachusetts 02139
 Tel: (617) 444-6168
 Fax: (617) 444-6483

OCT 05 2005

Attorney Docket No. VPI/02-123 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/700,936
Confirmation No.: 5983
Filing Date: November 4, 2003
Examiner: Kahsay Habte
Group Art Unit: 1624
Applicants: Randy S. Bethiel et al.
For: COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND
OTHER PROTEIN KINASES

October 5, 2005
Cambridge, Massachusetts

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND REPLY TO RESTRICTION REQUIREMENT

Sir:

This is in response to the July 5, 2004 Office Action in the above-identified application. A response is due October 5, 2005. Consequently, this reply is timely submitted.

Amendments to the claims begin on page 2 of this Reply.

Remarks begin at page 26 of this Reply.

Rev. 3/8/05